Express Mail No. EV719391523US

E	Complete if Known								
Fees pursuant to the Co	onsoļiaatea Appi	opnations Act. 20	uo (n.r. 4818).	Application	Number	09/888,727			
· MHEE	TRANS	SMITT	AL	Filing Date		June 25, 20			
1 2 2005 g for FY 2005					First Named Inventor		Bernhard H. Weigl		
<u> </u>				Examiner N	ame	Lyle A. Alex	ander		
Applies ant claims small entity status. See 37 CFR 1.27				Art Unit			1743		
TOTAL AMOUNT O	Attorney Do	ttorney Docket No. 660115.427							
METHOD OF PAYM	ENT (check a	ill that apply)							
X Check Cred	lit Card [Money Orde	er 🛮 Other	(please identif	y):				
Deposit Account		Account Numb		Deposit Acco				LLC	
For the above-id	•								
= -	(s) indicated			Charge fee(•	·	-	_	
		e(s) or under		Charge any	underpayn	nents or credit	t any ove	erpayments	
of fee(s) ur Warning: Information of information and authoric	on this form ma			nformation should	d not be inclu	uded on this for	n. Provid	de credit card	
FEE CALCULATION	Į .								
1. BASIC FILING, S	EARCH, AN	D EXAMINAT	ION FEES						
•	FILING FEES . Small Ent		SEARC	7 EEE6		IINATION EES			
			<u>ty</u>	Small Entity	Small Entity		Small Entity		
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fe</u>	es Paid (\$)	
Utility	300	150	500	250	200	100		. —	
Design	200	100	100	50	130	65			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM Fee Description	FEES					<u> </u>	Fee (\$)	Small Entit	
Each claim over 20 (in	cluding Reiss	sues)					50	25	
Each independent claim over 3 (including Reissues) 200								100	
Multiple dependent cla	•	J					360	180	
Total Claims	Extra Claims Fee (\$)		Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims			
3 - 32 HP =	0 X			=		•		ee Paid (\$)	
HP = highest numbe	_	ns paid for, if		· ———			_		
Indep. Claims	Extra Cl	•	Fee (\$)	Fee Paid	(\$)				
1 -9 HP =	0	X	<u>0</u> =	:	4				
HP = highest numbe	_		-	than 3					
3. APPLICATION S	•		.u .u., g. u						
If the specification ar under 37 CFR 1.52(e thereof. See 35 U.S.	nd drawings e	ation size fee	due is \$250 (\$ ²						
<u>Total Sheets</u> -100 =	Extra She		mber of each a	ndditional 50 o		<u>thereof</u> <u>Fe</u> x	e (\$)	Fee Paid (\$)	
4. OTHER FEE(S)		, ,,,,, _		P 10 G 1111010 111		^ _		Fees Paid (\$	
Non-English Specific	ation \$120 f	ee (no emall o	ntity discount)					<u>. 555 : aia (9</u>	
- -		-	maty discount)					790	
Other (e.g., late filing surcharge): RCE fee Extension of Time (3 months)									
		Extension (Time (3 mon	uis)				<u>1020</u>	
SUBMITTED BY									
Signature	5- a	www Regi			50,922	Telephone	206-62	22-4900	
Name (Print/Type)			1 //	orney/Agent)	<u> </u>	Date	Octobe	er 12 2005	